

**DEKALB COUNTY GOVERNMENT
PERSONNEL CHANGES**

Date of Notice

[Redacted]

Department

[Redacted]

Employee Name

[Redacted]

PART A DEPARTMENT NOTIFICATION OF NEW HIRE

Date of Hire

[Redacted]

Position

[Redacted]

Full Time or Part Time

[Redacted]

Permanent or Temporary Position

[Redacted]

Bi-weekly Hours

[Redacted]

Rate of Pay

[Redacted]

If above minimum additional documentation is required.

PART B NOTIFICATION OF INTRA-OFFICE PERSONNEL CHANGE

Effective Date

[Redacted]

Old Position

[Redacted]

New Position

[Redacted]

Old Rate of Pay

[Redacted]

New Rate of Pay

[Redacted]

Bi-Weekly Hours

New: [Redacted]

Old: [Redacted]

Termination Date

[Redacted]

Part C Notes (Use additional pages if necessary)

DEPARTMENT HEAD SIGNATURE

[Redacted]